Subject: Loyola Department of Otolaryngology-Head and Neck Surgery Newsletter
From: LOY-ENT <LOY-ENT@lumc.edu>
Date: Wed, Jan 14, 2015 11:01 am
To: James Stankiewicz <JSTANK@lumc.edu>

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Loyola ENT Launches All New Website
New Otolaryngology & Radiation Oncology Translational Research Laboratory Established
Grand Rounds: Caustic Ingestion
Kudos
Loyola ENT Mission to Dominican Republic
ENT Specialists Screen Chicago NFL Players for Hearing Loss

From the Chairman

Dear Colleagues:

The time has come for the passing of the torch in the leadership of our department. As of July 2015 I will step down as department chair. I will continue to practice rhinology at Loyola.

I became acting chair in 2006 and was officially named chair in 2007. Since then, the department has grown to 20 full- and part-time faculty. I have had a great team to work with and Loyola ENT has a bright future ahead.

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The dean of our medical school will begin interviewing candidates in 2015. Rest assured, the department will move forward and continue to provide excellent teaching, research and patient care. Your support of the department is key to our continuing success.

As I sign off, you should know our department is doing well. In this year's US News and World Report, our department was ranked 25th in the nation and was the top-rated clinical program at Loyola. Our basic and translational research programs are producing the best papers and reports in the history of our program. We continue to perform the most challenging surgeries in the Midwest. We at Loyola have much to be thankful for, especially during this wonderful holiday season!

From our department to you and your staff, we wish you Happy New Year!

Sincerely,

James A. Stankiewicz, MD
Professor and Chair
Department of Otolaryngology-Head and Neck Surgery

Loyola ENT Launches All New Website

A much-needed update has been made to the Department of Otolaryngology-Head and Neck Surgery’s website. The site can be found at: www.stritch.luc.edu/ent. The previous version had been outdated for some time and had not been substantially updated since 2009.

The new website is much more in line with current trends and adopts best practices for academic healthcare websites. "I'm delighted to finally be able to showcase our department's programs and services in a format befitting our reputation," says James A. Stankiewicz, professor and chairman, Department of Otolaryngology-Head and Neck Surgery, Stritch School of Medicine, Loyola University Health System.

Planning the Project

Researhing, planning, and executing the redesign was a major undertaking.

First, a comprehensive review of the site was done. It was determined that the site's configuration was inadequate to represent the breadth and depth of the department. In particular, it did not adequately address the needs of the department's key clientele: patients, referring physicians and prospective residents.

What resulted was a complete overhaul of the previous version, quite a departure from the brochure-type websites of the past. The new site is much more dynamic, and is better able to grow and adapt to consumer preferences. All of the relevant information was updated and the needs of the entire department, including ancillary services, were considered.

While there is some overlap in terms of what information each audience may seek, individual pathways were developed to address the unique needs and concerns of each of the department's audiences. The aim is to provide the maximum access to services (and education).

New Pathways for Specific Visitors

Below is a chart detailing the information now available on the Loyola ENT website:

<table>
<thead>
<tr>
<th>PATIENTS</th>
<th>PHYSICIANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Basic explanations of otolaryngology and its seven subspecialties</td>
<td>● Our statement of commitment to our referral partners</td>
</tr>
<tr>
<td>● Ability to search for a Loyola physician by name or by subspecialty</td>
<td>● Information on our physician’s education, training, research</td>
</tr>
<tr>
<td>● Links to all Loyola clinic locations, including maps</td>
<td>● An opportunity to sign-up for our department newsletter</td>
</tr>
<tr>
<td>● Testimonials from grateful patients</td>
<td>● Access to select grand rounds presentations in ENT</td>
</tr>
<tr>
<td>● Stories about the department that have appeared in the media</td>
<td>● News and events of interest to physicians, including CME events</td>
</tr>
</tbody>
</table>
In addition to the three audience pathways, there is also information on the department's active research programs:

<table>
<thead>
<tr>
<th>RESIDENTS</th>
<th>RESEARCH</th>
<th>ABOUT US</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Testimonials from some of our current referral partners</td>
<td>● Overview of the department’s research</td>
<td>● Statements about Loyola’s reputation and commitment to patients</td>
</tr>
<tr>
<td>● Information on Loyola’s five-year ENT residency</td>
<td>● List of faculty involved in research</td>
<td>● Overview of otolaryngology and the common conditions treated</td>
</tr>
<tr>
<td>● An overview of each year’s curriculum (PGY-1 through PGY-5)</td>
<td>● Abstracts of current basic science and clinical research projects</td>
<td>● Lists of clinical and administrative staff throughout the department</td>
</tr>
<tr>
<td>● The average weekly conference schedule</td>
<td>● Description of research facilities at Loyola</td>
<td>● Ways to support the department’s work</td>
</tr>
<tr>
<td>● Material on some of the technology and facilities available</td>
<td></td>
<td>● Testimonials from grateful patients and their family members</td>
</tr>
<tr>
<td>● Details about resident research within the program</td>
<td></td>
<td>● ENT news and events</td>
</tr>
<tr>
<td>● Information on current and former residents</td>
<td></td>
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</tr>
</tbody>
</table>
The department is actively seeking funding for the new laboratory. If you are interested in providing tax-deductible support to the laboratory, please complement each other perfectly. There's nowhere else I'd rather be."

"My cancer patients give me motivation, and the ideas to go back into the laboratory to solve their challenges," says Dr. Jaber. "My two passions, translational research," says Dr. Stankiewicz.

Projects in rhinology, otology and laryngology, with the goal of all projects being fully funded.

Dr. Jaber's long-term plans for the program include ongoing translational research in the head and neck subspecialty, as well as establishing additional projects in rhinology, otology, and laryngology, with the goal of all projects being fully funded.

"Dr. Jaber's training, the unique combination of his knowledge and skills, will add immensely to our research efforts, in both basic science and translational research," says Dr. Stankiewicz.

"My cancer patients give me motivation, and the ideas to go back into the laboratory to solve their challenges," says Dr. Jaber. "My two passions complement each other perfectly. There's nowhere else I'd rather be."

The facility includes a new medicinal chemistry section and a renovated molecular and cell biology division located next door. "Housing both divisions under the same roof provides a direct line of communication between the chemists and biologists," says James Jaber, MD, PhD, head and neck surgeon, and director of the new laboratory.

Dr. Jaber is a trained synthetic organic chemist, as well as a fellowship-trained head and neck surgeon. He intended to get a medical degree and work at a pharmaceutical company doing research and development. "But when I got to medical school, I realized that I enjoyed surgery and the thought of combining surgical oncology with drug discovery appealed to me," says Dr. Jaber.

Currently underway is the development of methods to expedite the drug discovery process in two key areas of head and neck cancer research. Dr. Small has extensive knowledge of radiosensitization and cancer treatment and is collaborating with Dr. Jaber on developing novel radiosensitizers based on tumor redox imbalances. Mitchell Denning, PhD, professor, Department of Pathology is also partnering with Dr. Jaber to develop small molecule cytoprotective agents that can mitigate radiation toxicity in head and neck cancer patients. Dr. Denning is an expert in keratinocyte biology and epithelial cellular response to toxic compounds.

Another collaboration between Karen Visick, PhD, professor, Department of Microbiology and Immunology, Kevin C. Welch, MD, assistant professor, Department of Otolaryngology-Head and Neck Surgery, and Dr. Jaber is aimed at combating biofilms, well-known instigators in chronic rhinosinusitis. Their strategy is based on a three-pronged approach: disrupt the biofilm, expose the bacteria, and activate their elimination.

Mathew Kircher, MD, assistant professor, Department of Otolaryngology-Head, Dr. Jaber, and Pieter de Tombe, PhD, professor and chair, Department of Physiology, are utilizing a zebrafish model to mitigate and prevent reactive oxygen species (ROS) damage to inner ear hair cells. (Ototoxic drugs and viral labyrinthitis are well known to induce ROS damage.) Dr. Jaber has also developed a novel ROS scavenging molecule that is currently being tested.

All medicinal chemistry and in vitro testing of compounds is conducted within the laboratory. In vivo testing will be conducted at Hines VA in the ENT department's Basic Science Translational Research Lab.

These collaborations will make it possible to maximize productivity. "We are getting there, but I must admit, we could use some help to get there faster," says Dr. Jaber.

**The Challenge of Funding**

With across the board cuts at the NIH, obtaining extramural funding has become increasingly difficult. Dr. Jaber is diligently applying for grants from both the Veterans Administration (Merit award) and the National Institutes of Health (R21). The experiments conducted thus far have provided excellent preliminary data that will make Dr. Jaber's grant proposals competitive.

He has also raised some private funding to purchase basic equipment, and is grateful to several colleagues at large pharmaceutical companies who have generously donated used equipment to get the lab up and running.

Currently, Dr. Jaber must travel to the University of Illinois-Chicago to use their nuclear magnetic resonance (NMR) spectroscopy instrument for compound characterization. To overcome this bottleneck, two pieces of equipment are needed: a 400 MHz NMR, and a high-resolution mass spectrophotometer. The cost of these instruments is $150,000 and $100,000, respectively.

**Future Plans**

Dr. Jaber's long-term plans for the program include ongoing translational research in the head and neck subspecialty, as well as establishing additional projects in rhinology, otology and laryngology, with the goal of all projects being fully funded.

"Dr. Jaber's training, the unique combination of his knowledge and skills, will add immensely to our research efforts, in both basic science and translational research," says Dr. Stankiewicz.

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Grand Rounds: Caustic Ingestion

By Michael Loochtan, MD (PGY-4) and Jeffrey Hotaling, MD (PGY-5)

History
At the beginning of the 20th century, injuries from caustic ingestions were common in the medical literature. In 1927, the first laws were passed to control the sale of cleaning solutions. Years later, communities established their own individual poison control centers to provide specialized diagnosis and treatment for ingestion. The first poison control center started in Chicago in 1953. In 1957, The National Clearinghouse for Poison Control Centers was established, with the mandate to collect data from the individual centers, and to provide those centers with diagnostic and therapeutic information on the myriad of products involved in household poisonings. The year 1960 ushered in the Hazardous Substances Labeling Act, which stipulated that certain products, identified as "hazardous substances," had to carry specific cautionary statements on their labels. Later, the Poison Prevention Packaging Act of 1970 (PPPA) required special packaging, both child-resistant and adult-friendly, on a wide range of hazardous household products, including most oral prescription drugs. Today, caustic ingestion cases reported to poison control centers are documented in the Toxic Exposure Surveillance System (TESS) maintained by the American Association of Poison Control Centers. Due to advances in child-resistant packaging, product reformulation, increased parental awareness, and the development of poison control centers, there has been a decreased incidence in household-cleaning product related injuries and associated childhood mortality over the last several decades. A 2010 study from Ohio State University estimated that the number of injuries attributable to household cleaning product exposure decreased 46% from 22,141 in 1990 to 11,964 in 2006.

Etiology
Caustic injuries of the upper aerodigestive tract are commonly caused by acidic and alkaline substances, each of which causes characteristic tissue damage. Childhood ingestions are typically accidental, whereas adolescent and adult ingestions are more likely suicide attempts. Toilet bowl cleaners and battery fluid are common acidic products, while lime, lye, laundry detergents, and hair-relaxing products are common alkalis. Coagulative necrosis with eschar formation of the gastric antrum and epiglottis are characteristic injury patterns resulting from large volumes of acidic solution. In contrast, just a few milliliters of basic substance can cause liquefactive necrosis. The areas most prone to damage are those of greatest external compression, including the level of the cricopharyngeus, aortic arch, left main stem bronchus, and the distal esophagus at the gastroesophageal junction. Clinical presentations range from asymptomatic, to overt stridor with severe dysphagia or odynophagia, as well as chest, back, or epigastric pain. Common signs include oral mucosal erythema and ulceration, drooling, tongue edema, hoarseness, vomiting, and hematemesis.

Classification
Esophageal injury in these cases can be classified based on the extent of tissue damage. First-degree burns are superficial, and are limited to erythema and nonulcerative esophagitis. Transmucosal damage, characterized by exudate and ulceration, represents second-degree injury. Third-degree changes are transmural with dusky black tissue, and may extend into the periesophageal tissue. Of note, first-degree burns consistently heal without issue whereas all third-degree burns will form strictures.

Diagnosis
Flexible endoscopy remains the most useful method to assess for esophageal injury, as it both determines the severity of injury and enables intervention. When performed, endoscopic evaluation typically occurs 24-48 hours after the injury to minimize the risk of iatrogenic esophageal perforation, while allowing enough time for an injury to manifest. The timing and necessity of endoscopy remains debated because a strong correlation does not always exist between initial clinical findings and the presence and degree of esophageal injury. Such is particularly true in cases of strong liquid alkali ingestion, which can cause severe burns. Additionally, there is also concern about subjecting children to unnecessary esophagogastroduodenoscopies (EGDs). In 2001, a 4-year retrospective review from Indiana University found that all patients with clinically significant esophageal injury were asymptomatic at initial assessment, while all asymptomatic patients had normal EGDs. Therefore, the authors concluded that EGD is unnecessary in asymptomatic children after caustic ingestion. Another useful initial diagnostic modality in pediatric patients is the technetium 99m-labeled sucralafate study. This test has a high sensitivity and specificity in determining the presence of an esophageal injury after caustic ingestion. This test can help determine the need for endoscopy in children without a strong ingestion history, and those who have only a single presenting sign or symptom. Therefore, a generally accepted diagnostic algorithm includes endoscopy for pediatric patients with known liquid alkali ingestion; pediatric patients who have positive findings on a technetium 99m-labeled sucralafate study; and for adults with known ingestion of a strong alkali or acid, regardless of the lack of presenting signs or symptoms. The recommendation for adults results from the large volumes ingested, and the poor history often given by suicidal patients, in this population.

Medical Management
The medical management of these patients includes steroids only for transmucosal (grade 2) injuries. Sucralsulfate therapy has shown some benefit in the healing of ulcers without stricture formation. All patients should be on proton pump inhibitors as gastroesophageal reflux increases the likelihood of stricture formation and decreases the long-term success of mechanical dilation. Broad-spectrum antibiotics are not indicated, unless the patient is at high risk for, or develops, gastrointestinal perforation or secondary infection. Perhaps surprisingly, an extensive workup is not indicated for bleach ingestions. Bleach, also known as sodium hypochlorite, has a pH of approximately 7, essentially neutral. Bleaches are therefore considered esophageal irritants. In 1985 a large series of patients with bleach ingestions were shown to have no significant morbidity, mortality, or associated complications after bleach ingestion.

Complications
The most common complication of caustic ingestion is stricture formation. Strictures may develop as early as six weeks after initial injury; therefore, patients with these injuries require a baseline barium swallow study at three weeks, with serial examinations for one year. Additionally, any patient who develops dysphagia within a few years after caustic injury should also undergo barium...
swallow and EGD. Strictures are often successfully managed with sequential dilations (Figure 1); however this may take months to years. There is an approximately 1000-fold increased risk of esophageal carcinoma in patients who suffer esophageal burns. However, because these tumors typically develop in scar tissue, the tendency for distant metastases is less. Due to the risk of subsequent malignancy, long-term follow-up is warranted. Other complications include esophageal perforation, tracheoesophageal fistula, gastric perforation, mediastinitis, peritonitis, pneumonia, sepsis, and death.

Conclusion

Caustic ingestions are rare injuries in developed countries, are usually accidental in the pediatric population, and are typically intentional suicide attempts in adults. Injury classification is based on the degree of tissue damage, and ranges from erythema to transmural necrosis. Determination of the pH (acidic or basic) and the form of ingested substance is important, and will guide clinical evaluation. The most accurate initial diagnostic modality is esophageal endoscopy. However, this modality may be avoided in asymptomatic pediatric patients. Medical management typically includes steroids and anti-reflux precautions. The most common complication is stricture formation, most of which are managed with serial dilations.

Best Hospitals Report Ranks Loyola ENT 25th in U.S.

Loyola University Medical Center ranked third in Illinois in U.S. News & World Report's 2014-15 Best Hospitals rankings.

Four Loyola specialties were ranked among the top 50 in the country: Ear, Nose and Throat, 25th; Cardiology & Heart Surgery, 29th; Urology, 39th; and Cancer, 47th. Only 3 percent of hospitals earn a national ranking in any specialty. Loyola’s Cardiology & Heart Surgery program is the only one in Chicago to be nationally ranked 12 years in a row.

Eight Loyola specialties were ranked high performing, meaning they are among the top 25 percent of hospitals in these specialties. They include Diabetes & Endocrinology, Gastroenterology & GI Surgery, Geriatrics, Gynecology, Nephrology, Neurology & Neurosurgery, Orthopaedics, and Pulmonology.

Gottlieb Memorial Hospital, which is part of the Loyola University Health System, has four high-performing specialties listed: Geriatrics, Neurology & Neurosurgery, Orthopaedics and Urology.

ENT Surgeon Retires

After nearly 18 years of service, Kamil Muzaffar, MD, professor, will retire from Loyola. Dr. Muzaffar has served as a general otolaryngologist, often treating patients with ear disorders, nose problems, oral cancer and head and neck cancer. Please join us in wishing him well in his retirement.

2014 Residency Program Graduates

Congratulations to our 2014 Residency Program Graduates: Evan Greenbaum, MD, Nadieska Caballero, MD, and Muhamad Amine, MD.

Dr. Greenbaum will be doing a head and neck fellowship at Case Western Hospital in Cleveland, Ohio. Dr. Caballero will move on to a rhinology fellowship at the Sinus & Nasal Institute of Florida in St. Petersburg, Florida. Dr. Amine is now doing a rhinology fellowship at Weill Cornell Medical College in New York, New York.

Loyola ENTs Rated Top Doctors

Loyola otolaryngologists Richard Borrowdale, MD, Andrew Hotaling, MD, John P. Leonetti MD, and James Stankiewicz, MD, were all named in West Suburban magazine's Top Doctors issue (July/August 2014). The story names leading physicians in across 53 specialties as selected by their peers.
Loyola Surgeon Featured in Chicago Medicine
Amy Pittman, MD, assistant professor, head and neck surgeon, Loyola University Health System was quoted in an article about 3-D modeling in the October issue of Chicago Medicine.

Dr. Pittman described her use of CT scans to plan surgery and model bars used in jaw reconstruction following cancer surgery. Fibula bone from the patient's lower leg is then transplanted to fill any gaps in the jawbone after tumor reduction. The model helps surgeons mold the bar to fit the patient's anatomy more accurately, saving time and added expense in the operating room. Patients also benefit from the reduced time under anesthesia.

ENT Specialists Screen Chicago NFL Players for Hearing Loss
A team of Loyola hearing specialists were invited to a June meeting of the Chicago chapter of the NFL Players Association. Otologist John P. Leonetti, MD, spoke to the group about hearing loss and tinnitus, and audiologists Candace R. Blank, AuD, manager, Audiology; Kyle R. Raterman, AuD; Melissa Welch, AuD; and Stefanie Allen, MS conducted screenings of past and current players.

The group was invited back in July to conduct more screenings for players, and again to offer screenings for disadvantaged children at health fairs sponsored by Bears Care, the Chicago Bears' charitable organization. The events are held in conjunction with EarQ, a hearing healthcare organization.

Presentations
James A. Stankiewicz, MD contributed to a number of events at the Mayo Clinic in Phoenix, Arizona at the Tackling Problematic Chronic Rhinosinusitis: A Conclave of Global Experts event in April. He was a member of two panel discussions: “Are Diagnostic Criteria For CRS Problematic?” and “Step-by-Step Management Tips From Experts with Review of Challenging Cases.” He also presented, "May the Force be With You: Avoiding Complications from ESS."

In September, Dr. Stankiewicz, Monica Patadia, MD, assistant professor, and Kevin Welch, MD, associate professor, presented lectures as part of Loyola University Chicago Stritch School of Medicine's course, Endoscopic Endonasal Skull Base Surgery: A Hands-On Course. Loyola's ENT and Neurosurgery departments jointly sponsored the event.

Loyola was represented at this year's AAO-HNS Annual Meeting by Sam Marzo, MD and Joshua Sappington, MD who did an oral presentation entitled, "Hearing Results with the Envoy Esteem Hearing System: Single Surgeon Experience."

John P. Leonetti, MD, was a moderator of the Facial Nerve Study Group at the AAO-HNS Annual Meeting.

Also at AAO-HNSF, Dr. Stankiewicz was a part of mini-seminars and panel discussions including: “Tackling Problematic Chronic Rhinosinusitis: Technical Pearls on Optimizing Outcomes from Endoscopic Sinus Surgery (ESS),” "Conflict Management in Rhinology: Strategies for managing difficult patients, thorny colleagues, and challenging clinical situations," and "Ask the Experts: An Endoscopic Potpourri."

Dr. Stankiewicz was also a presenter at the Global Rhinology Symposium – Web Virtual Symposium in November where he talked about "Updates and Controversies in Rhinology and Skull Base Surgery."

Earlier this month, Dr. Stankiewicz was a guest at WJOL radio. He was interviewed about chronic sinusitis and his solutions for treating it.
Earlier this month, Dr. Stankiewicz was a guest at WJOL radio. He was interviewed about chronic sinusitis and his solutions for treating it, particularly endoscopic sinus surgery.

Meet the Docs

Amy L. Pittman, MD, assistant professor, is a microvascular head and neck reconstructive surgeon in the Department of Otolaryngology - Head and Neck Surgery at Loyola University Health System.

Dr. Pittman is a graduate of the William Jewell College, Liberty, Missouri where she obtained bachelors’ degrees in both biology and art. She went on to earn her medical degree at the University of Missouri Columbia School of Medicine. Dr. Pittman served as an intern and resident in the Department of Otolaryngology - Head and Neck Surgery at Loyola University Health System. She completed a fellowship in plastics and microvascular head and neck reconstructive surgery at the Oregon Health Sciences University, Portland, Oregon.

Her special interests are in microvascular head and neck reconstruction and include MOHS reconstruction, facial reanimation, functional rhinoplasty and facial trauma.

Dr. Pittman is certified by the American Board of Otolaryngology and is board eligible for the American Academy of Facial Plastics and Reconstructive Surgery. She is also a member of the American Academy of Otolaryngology, American Academy of Facial Plastic and Reconstructive Surgery, American College of Surgeons, American Academy of Otolaryngology-Head and Neck Surgery, and Triological Society.

To make a referral to Dr. Pittman, please call Nurse Triage at (708) 216-3664. Patients who wish to make an appointment may call (708) 216-8563.

Feedback

We're always happy to receive your comments and suggestions Feedback

Visit our website: www.stritch.luc.edu/ent unsubscribe

A MEMBER OF TRINITY HEALTH

Recognized as leaders in their field, the faculty of Loyola's Department of Otolaryngology-Head & Neck Surgery are specialists in rhinology, otology, neurotology, skull base surgery, head and neck cancer, laryngology, voice and swallowing disorders, allergy, sleep disorders, general and pediatric otolaryngology.

The department provides services in locations across the western and southwestern suburbs of Chicago, including Oakbrook Terrace, Woodridge, Wheaton, Home Glen and Burr Ridge, as well as at Gottlieb Memorial Hospital and the Loyola University Health System main campus in Maywood.

For further information about the department or its services, please contact Jackie Burns, Office Manager at (708) 216-8526.

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